

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WEST MAIN STREET VALUES PAC INC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00543157		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Google</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1600 Amphitheatre Pkwy			Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>		
City Mountain View		State CA	Zip Code 94043		Transaction ID : SE.4331
Purpose of Expenditure IE-Graham-Online Ads		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LINDSEY O GRAHAM			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4512.50</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Google</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1600 Amphitheatre Pkwy			Amount <span style="border: 1px solid black; padding: 2px;">268.00</span>		
City Mountain View		State CA	Zip Code 94043		Transaction ID : SE.4326
Purpose of Expenditure IE-Graham-Online Ads		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LINDSEY O GRAHAM			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">13080.50</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">768.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Le Price		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Signature					

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WEST MAIN STREET VALUES PAC INC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543157       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Kickstand Studio</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2014	
Mailing Address 1520 Main St., #1D		Amount 4012.50	
City Columbia	State SC	Zip Code 29201	Transaction ID : SE.4327
Purpose of Expenditure IE-Graham-Online Ad Production (paid 1/17/14)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2014
Name of Federal Candidate LINDSEY O GRAHAM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Starboard Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2014	
Mailing Address 1043 Barr Rd.		Amount 71800.00	
City Lexington	State SC	Zip Code 29072	Transaction ID : SE.4315
Purpose of Expenditure IE-Graham-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2014
Name of Federal Candidate LINDSEY O GRAHAM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	75812.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Date

MM / DD / YYYY  
05 / 20 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WEST MAIN STREET VALUES PAC INC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00543157	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Starboard Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 16 / 2014</b>	
Mailing Address 1043 Barr Rd.		Amount <b>1000.00</b>	
City Lexington	State SC	Zip Code 29072	Transaction ID : <b>SE.4329</b>
Purpose of Expenditure IE-Graham-Phone Banks-Estimate	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 16 / 2014</b>	
Name of Federal Candidate LINDSEY O GRAHAM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: <u>00</u> State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Starboard Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 02 / 2014</b>	
Mailing Address 1043 Barr Rd.		Amount <b>1852.05</b>	
City Lexington	State SC	Zip Code 29072	Transaction ID : <b>SE.4330</b>
Purpose of Expenditure IE-Graham-Online Email Blast	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 20 / 2014</b>	
Name of Federal Candidate LINDSEY O GRAHAM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: <u>00</u> State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>2852.05</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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**(Schedule E)**PAGE 4 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WEST MAIN STREET VALUES PAC INC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00543157
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Third Wave Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 18 / 2014</b>
Mailing Address 448 W. Nationwide Blvd Ste. 106		Amount <b>8300.00</b>
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure IE-Graham-Media Production	Category/Type <b>004</b>	Transaction ID : <b>SE.4316</b> Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 13 / 2014</b>
Name of Federal Candidate <b>LINDSEY O GRAHAM</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>
Calendar Year-To-Date Per Election for Office Sought <b>12812.50</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>8300.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>87732.55</b>

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Le Price

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